StrateqEHR for Hospitals and Health Systems v5

2025 Real-World Testing Plan

General Information

Plan Report ID Number	20241111str
Developer Name	Strateq Health, Inc
Product Name(s)	StrateqEHR
Version Number(s)	V5
Certified Health IT Product List (CHPL) ID(s)	15.05.05.3097.STRQ.01.00.1.220105
Developer Real World Testing Plan Page URL	https://strateqhealth.com/product-certification/

Justification for Real World Testing approach

In accordance with the ONC's requirement that **Real World Testing** be utilized to ensure Certified Health IT continues to perform as intended, Strateq Health will conduct testing and measure observations of interoperability and data exchange. This test plan focuses on capturing and documenting the number of times that certified capability is successfully utilized in a real-world setting.

Real World Testing is designed to augment previous certification testing, ensuring that StrateqEHR continues to meet certification requirements in live settings without duplicating prior certification efforts.

Where no evidence of utilization exists, due to lack of adoption of certified capabilities, or inability to capture said data for other reasons, we will demonstrate the certified capabilities using a setting as close to real-world implementation as possible including synthetic testing.

We are utilizing a **two-fold approach** to demonstrate successful real-world implementations:

1. **Summative Testing** Summative testing methods will be used to measure which certified actions were performed during a prescribed period. This will be evaluated by running internal reports and reviewing audit logs within StrateqEHR to determine the frequency of actions performed during the testing period, as well as the success of these actions.

   Based on our current production sites, the testing period is planned for **Q3 2025**. The actual number of sites and patients will be dependent on applicable production sites.

2. **Interactive Testing** Interactive testing will be used to demonstrate conformance to certification requirements where adoption rates of specific certified capabilities are low or zero. These interactive tests will require live testing instead of relying solely on **60-day usage statistics**, allowing users to demonstrate certified Health IT modules in settings that mimic real-world usage.

   The goal of interactive testing is to allow users to demonstrate the certified Health IT module as they would in their own practice or care setting, ensuring that all applicable certification criteria are met in environments where adoption might be lower.

As all certification criteria apply broadly to the care settings we support, the Real-World Testing Plan will incorporate multiple certifications into one testing framework.

Standards Updates

StrateqEHR has no significant changes nor voluntary SVAP standards updates since our last certification.

Care Settings

StrateqEHR is marketed to small, rural Critical Access Hospitals, Small/Prospective Payment System Hospitals, as well as Free Standing Emergency Rooms.

Care Setting	Justification
Critical Access Hospitals	Critical Access Hospitals (CAHs) serve rural areas across the US – they must be designated as a CAH based on multiple criteria, including must be more than 35 miles from the nearest hospital facility, limited to inpatient stays less than 4 days, utilize a cost-based reimbursement for Medicare services (differing from non-CAH facilities). They frequently work closely with extended care facilities (LTAC). Due to the nature and location of these facilities, utilization and adoption of electronic health systems and interoperability functionality is often limited.
Prospective Payment System Hospitals	PPS (Prospective Payment System) hospitals are reimbursed on a fixed payment schedule, are not limited to shortened hospital stays or location. These facilities may utilize their EHRs more robustly than CAH or Free-Standing Emergency Room facilities.
Free-Standing Emergency Rooms	Free-Standing Emergency Rooms, are licensed facilities, structurally separate from a hospital and provide emergency care. These facilities do

	not fall under CAH or PPS guidelines and until COVID were not approved to bill Medicare/Medicaid. Most of these facilities do not utilize interoperability functionality, nor are they certified to participate in the Promoting Interoperability Medicare Program. Although our system supports the use of interoperability for these facilities, adoption and utilization is rarely used.

Measures used in Overall Approach

For each metric we will describe these elements

- o Description of metric
- o Associated certification criteria
- o Care setting addressed
- o Justification for selected metric
- o Expected Outcomes

Summative Assessment Metrics

The following metrics will be measured by reviewing audit logs and reporting systems available to track the behavior of StrateqEHR during the defined timeframe. These metrics reflect the core elements of the criteria, demonstrating interoperability and the success of the certified capabilities.

When it is not possible to determine successful interoperability via confirmation from a receiving system, we will define success as transmission was made and no error message received from the receiving system.

Criterion	Metric	Relied Upon Software (if applicable)	Care Setting	Justification/Expected Outcomes
170.315 (b)(1) Transitions of Care	Over a defined 60-day period: 1. Percent of CCDs successfully sent 2. Numerator: Successfully sent 3. Denominator: Send attempts *CCDs refer to Continuing Documents, Referral Notes, and Discharge	N/A	Critical Access Hospitals Prospective Payment System Hospitals Freestanding ER	**DESCRIPTION/JUSTIFICATION:** StrateqEHR will track the generation and successful transmission of CCDs. This metric will demonstrate how effectively the system supports the exchange of CCD records during patient transitions in real-world settings. **Benchmark:** Our benchmark is a rate of 80% or higher success in creating/sending

	Summaries			documents of total attempts during a defined 60-day period. **EXPECTATION:** Our expectation is (based on our current clientele), there will be minimal utilization by providers but a high success rate when this functionality is utilized.
170.315 (b)(2) Clinical information reconciliation and incorporation	Over a defined 60-day period: 1. Percent of CCDs successfully integrated 2. Numerator: Successfully integrated CCD 3. Denominator: Integrated attempts of CCDs *CCDs refer to Continuing Documents, Referral Notes, and Discharge Summaries	First Data Bank (FDB)	Critical Access Hospitals Prospective Payment System Hospitals Freestanding ER	**DESCRIPTION/JUSTIFICATION:** StrateqEHR will receive CCDs, match them to the correct patient, and allow clinicians to reconcile Medication, Allergy, and Problem List data. Integration with First Data Bank (FDB) ensures standardized RXNorm code translation and allergy interaction checking for accurate CCD interpretation. **BENCHMARK:** We aim for 80% or higher success in reconciling CCD data over a 60-day period. This data will be captured/calculated within StrateqEHR reports/monitoring **EXPECTATIONS:** While we expect low utilization, success rates will be high when this functionality is used.
170.315 (b)(3) Electronic prescribing	Over a defined 60-day period: 1. Percent of prescriptions successfully sent 2. Numerator: The number of successful prescriptions sent. 3. Denominator: Attempts to send	New Crop	Critical Access Hospitals Prospective Payment System Hospitals Free-Standing Emergency	**DESCRIPTION/JUSTIFICATION:** StrateqEHR will support electronic prescription transactions (eRX) in accordance with required standards. We will demonstrate the effectiveness by tracking how often eRX transactions are successfully processed through our partner, NewCrop.

			Rooms	**BENCHMARK:** We aim for 80% or greater success in processing prescriptions over a 60-day period. This includes prescriptions sent via NewCrop. **EXPECTATIONS:** We expect high adoption of e-prescribing within our system and a high success rate for transactions.
170.315 (b)(10) Electronic Health Information Export	Over a defined 60-day period: 1. Percent EHI requests successfully completed. 2. Numerator: The number of successful EHI exports. 3. Denominator: Attempts to export EHI.		Critical Access Hospitals Prospective Payment System Hospitals Free-Standing Emergency Rooms	**DESCRIPTION/JUSTIFICATION:** StrateqEHR provides two options for exporting Electronic Health Information (EHI): per individual patient or for all patient records within a facility. We will track both types of EHI export requests, individual patient requests, which can be initiated by the patient, and facility-wide requests, which can be initiated by authorized personnel. By comparing the number of attempts to successful exports, we will demonstrate that this functionality operates effectively in real-world settings. **BENCHMARK:** We aim for a success rate of 80% or higher for all EHI export attempts over a 60-day period, regardless of whether they are individual or facility-wide requests. **EXPECTATIONS:** Based on our current clientele, we expect limited usage of the EHI export functionality, with a high success rate for the exports that are attempted.
170.315 (f)(1) Transmission to immunization	Over a 60-day define period: Number of	N/A	Critical Access Hospitals	**DESCRIPTION/JUSTIFICATION:** This criterion requires the certified Health IT module to transmit immunization data to a registry

registries	immunization records submitted to the immunization registry Number of times a user pulls/requests immunization history and forecast from the immunization registry		Prospective Payment System Hospitals Free-Standing Emergency Rooms	utilizing a standardized format, enable user to request/access, and display patient's immunization history and forecast from the registry. **BENCHMARK:** The benchmark for transmission to an immunization registry is 80% of vaccines administered will be successfully transmitted to the immunization registry during a defined 60-day period. 80% of attempted pulls/requests for history and forecast from the immunization registry will be successful during this defined 60-day period. **EXPECTATIONS:** Based on our current clientele, we expect minimal usage of this functionality (as hospitals are not primary sources of immunization documentation), yet we expect the success rate of those minimal usage to be high.
170.315 (f)(2) Transmission to public health agencies – Syndromic Surveillance	Over a 60-day defined period: Number of syndromic surveillance events created and submitted	N/A	Critical Access Hospitals Prospective Payment System Hospitals Free-Standing Emergency Rooms	**DESCRIPTION/JUSTIFICATION** This criterion requires the certified Health IT module to transmit syndrome-based public health surveillance data to a registry utilizing specific format. We will record the frequency that this data is submitted to the registry to demonstrate capability is available and effective. **BENCHMARK:** **The benchmark for the creation and submission of syndromic surveillance events successfully transmitting/accepted is 80% within a defined 60-day period.** **EXPECTATIONS:** Based on our current clientele, we

				expect minimal usage of this functionality, with a high success rate.
170.315(g)(7) Patient Selection, 170.315(g)(9) All Data Request, 170.315(g)(10) Standardized API for Patient and Population Services	Over a 60-day defined period: Percent of successful API requests for patient and population services. Numerator: Number of successful API requests (including patient ID/token requests, Summary Record requests, and authorization for single/multiple patient data). Denominator: Total API requests attempted.	N/A	Critical Access Hospitals Prospective Payment System Hospitals Free-Standing Emergency Rooms	**DESCRIPTION/JUSTIFICATION** This combined criterion ensures the certified Health IT module provides an API enabling applications to access and request unique patient identifiers, retrieve all USCDI data categories, and authorize access to single and multiple patients' data. This capability supports interoperability and data exchange as required by federal standards. **BENCHMARK:** The benchmark for successful API requests returning complete data as expected is set at 80% within the defined 30-day period. **EXPECTATIONS:** Based on our current clientele, a low usage of this API functionality is expected across patient and provider applications, with a high success rate in completing API requests.

Interactive Testing

The following testing plans will be executed to demonstrate Real World certified capabilities where metrics are not available due to no adoption of these criteria – either due to lack of interest, or other factors such as low implementation sites.

*Note: currently no current live sites are utilizing the interoperability functionality available within our system.

High Level Interactive Test Plan

Criterion	Interactive Test Plan	Justification/Expected Outcomes

170.315 (b)(1) Transitions of Care	Strateq has built this workflow to enhance the user experience – automating the creation/sending of any/all CCD documents (referral notes/discharge summary and CCD) to the patient portal upon discharge.
	
	This workflow requires our clients to utilize our partner Bridge Patient Portal, with integration points at registration and at discharge.
	
	Strateq also has the ability built in to send additional documents to other facilities/providers at discharge – this is currently a manual process.
	
	StrateqEHR will create 10 patients, each with unique captured data within the patient record, and integrated with Bridge Patient Portal.
	
	Once discharged, this data will be automatically sent to the patient's portal account where it can be viewed, downloaded and transmitted to other systems as desired.
	
	We will also take 5 of these created patients/data and send to the ONC test tool for validation of successful transmission.
	
	Codified data that will be captured within the patient record via registration process and clinical documentation will include:
	
	  ✓ **USCDI v1 data elements**
	  ✓ **Assessment and plan of treatment**
	  ✓ **Goals**
	  ✓ **Health concerns**
	  ✓ **Unique device identifier(s) for implantable devices**
	  ✓ **Encounter diagnoses**
	  ✓ **Cognitive status**
		Justification:
		
		Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms)
		
		If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment.
		
		Expected Outcomes:
		
		All 10 patients we simulate, will upon discharge automatically send the appropriate CCD document (Discharge Instructions/CCD/Referral Note) to the patient portal account.
		
		The 5 patients/data we send to the ONC test tool will pass validation as well.

	✓ **Discharge instructions**	
170.315 (b)(2) Clinical information reconciliation and incorporation	Strateq has developed the functionality/workflow for users to reconcile and incorporate data from incoming CCDs to the patient medical record in StrateqEHR. Once a patient's CCD is received from another system, the document is validated and attached to the correct patients record. The clinician then can view the incoming document in human-readable format, as well as having the ability to reconcile (side by side) the data and determine if/what data they wish to incorporate from the incoming document to our system StrateqEHR will simulate receipt of 10 patient CCDs within the system, allowing the testing user to view/reconcile and incorporate data from the incoming CCD. **The data fields we will demonstrate reconciliation and incorporation include:** ✓ **Medications** ✓ **Allergies/Intolerances** ✓ **Problems**	**Justification:** Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms) If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment. **Expected Outcomes:** All 10 patients/CCDs will contain Medication, Allergy/Intolerances and problems which will successfully be viewed and incorporated into the patient record in StrateqEHR.
170.315 (f)(1) Transmission to immunization registries	Strateq has developed the functionality to transmit immunization data to an immunization registry, as well as the ability to request/access and display a patients immunization history and forecast from this registry. StrateqEHR will simulate transmission of immunization data for 10 patients to the ONC test system.	**Justification:** Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms) If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment. **Expected Outcomes:**

		StrateqEHR will demonstrate successful transmission and requesting/accessing and displaying patient forecast for all 10 patients utilizing the ONC test tool.
170.315 (f)(2) Transmission to public health agencies – Syndromic Surveilance	Strateq has developed the functionality to send data to Syndromic Surveillance registries. StrateqEHR will simulate transmission of Syndromic Surveillance data to the ONC test system for 10 patients.	**Justification:** Currently none of our live sites have implemented or are using this functionality based on their Care Setting (Free-Standing Emergency Rooms) **Expected Outcomes:** StrateqEHR will demonstrate successful transmission of data for all 10 patients utilizing the ONC test tool.

Schedule of Key Milestones

Real World test planning will begin in Q1 2025 – the 60-day reporting period is planned to be completed between July - September 30, 2025.

Key Milestone	Care Setting	Date/Timeframe
Identification of participating sites/users	o Critical Access Hospitals o Prospective Payment System Hospitals o Free-Standing Emergency Rooms	Quarter 1-2 2025
Data Collection	o Critical Access Hospitals o Prospective Payment System Hospitals o Free-Standing Emergency Rooms	60 days (actual dates TBD) during Q3 7/1/2025-9/30/2025.
Review/Collate data	o Critical Access Hospitals o Prospective Payment System Hospitals o Free-Standing Emergency	October 15, 2025 – November 15, 2025

	Rooms	
Write Report	o Critical Access Hospitals o Prospective Payment System Hospitals o Free-Standing Emergency Rooms	November 16 – December 30, 2025

Attestation

This Real-World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the Health IT Developer's Real World Testing requirements.

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